

242944

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

**Request for Reinstatement of a Class C Non-Emergency Certificate**

**Mary W. Duncan DBA First Choice Transportation**

**BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA**

**TRANSPORTATION COVER SHEET**

**DOCKET**

**NUMBER: 2010 - 248 - T**

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: \*Mary W. Duncan

Telephone: \*8038426912

Address: \*338 Big Mama's Rd.  
Vainville, S.C. 29944

Fax: \*8036253578

Other: \*

Email: \*duncanma17@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

**NATURE OF ACTION (Check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency   | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input checked="" type="checkbox"/> Request for Reinstatement   | <input type="checkbox"/> Other: _____                                  |

RECEIVED  
APR 23 2013  
PSC S.C.  
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form



## CLASS C REINSTATEMENT FORM

<b>File the original with:</b>  <b>Public Service Commission of South Carolina</b> <b>Clerk's Office</b> <b>Motor Carrier Matters</b> <b>P.O. Box 11649</b> <b>Columbia, S.C. 29211</b> <b>(803) 896 - 5100</b> <b>FAX (803) 896-5199</b>	<b>Mail or fax a copy to:</b>  <b>S.C. Office of Regulatory Staff</b> <b>Transportation Department</b> <b>1401 Main Street, Suite 900</b> <b>Columbia, S.C. 29201</b> <b>(803) 737-0578</b> <b>FAX (803) 737-0815</b>
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DATE: April 22, 2013

Please consider this an application for Reinstatement of my:

- ☐ Taxi Certificate Number \_\_\_\_\_  
☐ Charter Certificate Number \_\_\_\_\_  
☐ Charter Bus Certificate Number \_\_\_\_\_  
☒ Non-Emergency Certificate Number 8310  
☐ Stretcher Van Certificate Number \_\_\_\_\_

My certificate was revoked/cancelled on 11/27/12 because I didn't submit a 2011 Annual Report  
 (DATE) until After the Rule to Show Cause Hearing on Nov. 7, 2012

(\*) I am seeking reinstatement because (\*) I have filed my 2011 Annual Report.  
It was late but has been filed.

Mary W. Duncan First Choice Transportation  
 (Name of Company) DBA (if applicable)

(\*) 338 Big Mama's Rd.  
 (Street Address)

(\*)  
 (Mailing Address if different from Street Address)

(\*) Varnville, S.C. 29944  
 (City, State, Zip Code)

(\*) Mary W. Duncan  
 (Signature)

(\*) 803842 6912  
 (Telephone Number)

(\*) Owner  
 (Title) Owner, President, etc.

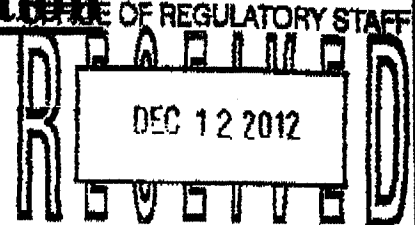
# Transportation CARRIER ANNUAL REPORT

CLASS C - TAXI - CHARTER - NON-EMERGENCY - STRETCHER VAN  
OF

Mary W. Duncan  
First Choice Transportation

Exact Legal Name of Respondent

PSC/ORS Number (leave blank)



**FOR THE YEAR ENDED 2011**

☐ Calendar Year Ending December 31, 2011

or

☐ Fiscal Year Ending \_\_\_\_\_

